

JC860 U.S. PTO
05/02/01

Please type a plus sign (+) inside this box → +

PTO/SB/05 (11-00)

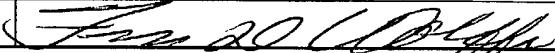
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

09/846358
05/02/01

APPLICATION ELEMENTS		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small>		8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 22] <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6]		9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. Oath or Declaration [Total Pages 2] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <small>(for a continuation/divisional with Box 18 completed)</small> <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</small> 		10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		11. <input type="checkbox"/> English Translation Document (if applicable)	
		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
		13. <input type="checkbox"/> Preliminary Amendment	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
		15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
		16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input type="checkbox"/> Other:	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76.			
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) <small>Prior application information: Examiner _____</small>		of prior application No: _____ / <small>Group / Art Unit _____</small>	
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
17. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <div style="display: flex; justify-content: space-between; align-items: center;"> 22907 or <input type="checkbox"/> Correspondence address below </div>			
<small>(Insert Customer No. or Attach bar code label here)</small>			
Name	Banner & Witcoff, Ltd.		
Address	1001 G Street, N.W., 11 th Floor		
City	Washington	State	DC
Country	USA	Telephone	Zip Code
		202-508-9100	Fax
			202-508-9299
Name (Print/Type)		Franklin D. Wolffe	
Signature			
		Registration No. (Attorney/Agent)	
		19,724	
		Date	
		May 2, 2001	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2001

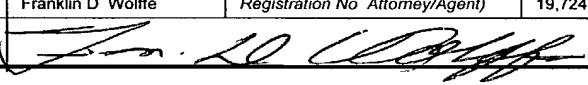
Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 1,150)

Complete If Known	
Application Number	TBA
Filing Date	Herewith (May 2, 2001)
First Named Inventor	Yukihiko NANSHO
Examiner Name	
Group / Art Unit	
Attorney Docket No	01309 00012

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																																																																																																																																																																							
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <input type="text" value="19-0733"/></p> <p>Deposit Account Name <input type="text" value="Banner & Witcoff, Ltd"/></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p>				<p>3. 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**or number previously paid, if greater, For Reissues, see above

SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)	Franklin D. Wolfe		Registration No	Attorney/Agent	19,724	Telephone	202-508-9100
Signature						Date	May 2, 2001